DOCUMENT RESUME

ED 287 580 PS 016 895

AUTHOR	Stetler, Rose
TITLE	Don't Sneeze at Disease.
INSTITUTION	Resources for Family Development, Inc., Livermore, CA.
PUB DATE	87
NOTE	61p.
AVAILABLE FROM	Resources for Family Development, Inc., 1520 Catalina Court, Livermore, CA 94550 ($10.00; 10% discount on 25 or more copies).
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	*Accidents; *Communicable Diseases; *Day Care; Early Childhood Education; Guidelines; *Parent Teacher Cooperation; *Prevention; Record Keeping; Records (Forms); *Safety; Teacher Responsibility
IDENTIFIERS	*Health Policy

ABSTRACT

This booklet provides basic health and safety information for child care providers. The first three sections focus on (1) how illnesses spread, ways to reduce their spreading, health checks and daily observation of children; (2) communicating with parents; and (3) medical emergencies, fire, earthquake, weather emergencies, and other emergencies. The fourth section provides related forms and worksheets, including (1) an immunization record, (2) a sample health policy statement, (3) a health policy worksheet, (4) a form authorizing the administration of medications, (5) a medication log, (6) a child identification and emergency information form for day care centers, (7) a consent for medical treatment form, (8) a worksheet for a letter notifying parents of their child's exposure to a particular disease, (9) a sample notification of exposure, (10) a sample injury report, (11) a physician's report, and (12) an authorization form for field trips. Also provided are a checklist for childproofing the day care environment, a list of supplies for first aid, and guidelines for reducing fire hazards. A short bibliography, which constitutes the fifth section, cites additional readings in the areas of child development, safety and accident prevention, illness, and first aid. (RH)

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DON'T SNEEZE AT DISEASE

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for

Resources For Family Development, Inc.

ACKNOWLEDGEMENTS

The author wishes to acknowledge the following individuals, whose expertise helped make this book possible:

Mary Zagotta	Manuscript Preparation
Elynn Finston	Editing
Bruce Gach, M.D.	Technical Review
Maxine Sehring, M.D.	Technical Review
Suzanne Reier, M.P.H	Technical Review

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PREFACE

Child care is a daily part of most families' lives. Before the 1980's, little organization was present in this field. Heading toward the 1990's, a proliferation of caregivers is literally exploding into existence. With this need for child care and the fulfilling of that need, many new problems concerning care have risen. The patterns of care regarding illness and child care is becoming an area under careful scrutiny from both a medical and a medico-legal viewpoint.

Guidelines must be established concerning basic health and safety issues which will not conflict with the established medical community and/or parental viewpoints of wellness and illness. This sounds simple, but in reality, it is a more difficult task than one would imagine.

DON'T SNEEZE AT DISEASE offers basic information on health and safety issues of concern to the child care community. The information it imparts should be used specifically when the situation warrants such advice. It should also act as a guide to aid discussion between child care providers, parents and health care professionals as they work together in creating healthy and safe environments for children.

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INTRODUCTION

As caregivers, you have a significant responsibility. You must provide for the physical and emotional well-being of children while they are in your care. The amount of information available to help you has increased dramatically in the recent past. Sometimes this makes it harder to sort out what is meaningful.

This booklet provides basic health and safety information for child care. It is a starting point or a good, quick review of health and safety. You will find that you need other resources. Check the bibliography for references.

Use the booklet. Fill out the worksheets and use the forms for your files. You may copy forms for your personal use, but you must get permission from R.F.D. for any additional use of the materials.

This booklet has five sections:

Information on Illness

Communicating With Parents

Safety Issues

Forms and Worksheets

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ILLNESS

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ILLNESS

Illness is a significant concern for both parents and others who care for children. This section looks at the key information which will make it easier to write and live with your Health Policies:

HOW ILLNESSES SPREAD
WAYS TO REDUCE THE SPREAD OF DISEASE
HEALTH CHECKS AND DAILY OBSERVATION OF CHILDREN

Read through all the sections first and then concentrate on the areas of particular concern to you. Check the Forms and Worksheet section for samples, checklists and worksheets to help you.

HOW ILLNESSES SPREAD

Illness is caused by organisms too small to see with the eye. These organisms — bacteria, protozoa and viruses — are found everywhere. They are on the food we eat, the water we drink, the utensils we use and play materials. We are all exposed to many organisms each day. Many organisms are found regularly in and on our own bodies. Each disease is carried by a specific organism which gets into the body in a specific way. For illness to occur, there must be an organism which gets into the child through the environment. Think of the children you care for inside this large circle:

The environment is all around them. It includes the air they breathe, the food they eat and their play materials. Each organism has a specific way in which it is transmitted to a person. Animals, insects, food, water, air and other people can all carry the organisms which cause disease. Let us talk about three types of diseases which are common in child care settings:

Diseases Which are Spread by Respiratory Droplets
Diseases Which are Spread by Fecal/Oral Contamination
Vaccine-Preventable Diseases

Diseases can also spread through animals, insects and blood products, but these are not significant sources of illness in child care.

1. Diseases Which are Spread by Respiratory Droplets

When a person with a cold or flu coughs or sneezes, they release millions of tiny droplets which contain the disease-causing organisms. These droplets are picked up by others through the mouth or nose and the organism can enter the body. Children may spread disease organisms before we realize they are ill and/or after they appear well. Examples of diseases spread by droplets include: influenza, chickenpox and the common cold.

2. Diseases Which are Spread by Fecal/Oral Contamination

Diseases like giardiasis and hepatitis are spread through fecal/oral contamination. For example, a child with hepatitis fails to wash her hands after a bowel movement. She touches a toy which another child places in his mouth. The organisms now have a chance to enter the body and cause disease. Children may be spreading germs even though they are not acting sick. Some illnesses cause few, if any, symptoms in children, but may cause serious illness in adults. Organisms are too small to see, so you may not see any feces on the contaminated item. Please see the section on Prevention for ways to clean toys and other surfaces. Examples of diseases which spread by fecal/oral contamination include: giardiasis, hepatitis A and shigellosis.

3. Diseases for Which Vaccines are Available

Vaccine-preventable diseases include most of the common childhood illnesses: measles, mumps, rubella, as well as diphtheria, tetanus and pertussis. These diseases can be virtually eliminated by having children immunized on the schedule suggested by the California Department of Health. (SEE FORMS & WORKSHEETS #1.)

State law requires these immunizations (with some exceptions) before entry into elementary school and child care centers.

There is a new vaccine, Haemophilus Influenza B, of special interest to child caregivers. Check with your health provider for recommendations.

If you have additional questions about the spread of illness, contact your local Health Department, Office of Communicable Disease Control.

HOW YOU CAN PREVENT DISEASE FROM SPREADING

A key element in preventing the spread of illness is cleanliness. Remember the diagram on page 2. The environment surrounds the child. It can be a barrier to infection by making it difficult for organisms to get to the child, or it can encourage the spread of disease by helping transfer organisms from one child to another. There are four very simple ways to make environmental barriers to infection:

HANDWASHING
SURFACE SANITATION
PROPER DIAPERING TECHNIQUES
SAFE FOOD PREPARATION

Handwashing

Handwashing is the most effective thing you can do to reduce the spread of disease in your setting. FORMS & WORKSHEETS #2 shows a good handwashing technique. Post it near the sink you and

your staff use regularly. Remind each other frequently that handwashing is important. Teach children the importance of frequent handwashing. Remember that you cannot see the organisms which cause disease. If you wash vigorously and regularly, organisms cannot get from one child to another through you (they cannot get into YOU either). Good handwashing techniques put a barrier between the organism and all the things which you touch. Introduce the concept of good handwashing and disease control to your children.

Diapering

A significant way germs spread is through feces. A safe diapering technique is essential to reduce the spread of illness. FORMS & CHECKLISTS #3 has a simple, safe diapering technique.

Surface Sanitation

Children are at greater risk of infection because they often actively explore the world using their hands and mouth. To reduce the spread of illness, you should frequently wash all surfaces that are handled and mouthed by infants and toddlers. A solution of 1 part household bleach and 10 parts water is very effective. Toys which are dishwasher-safe can be placed in the dishwasher for sanitation.

Plan a time at least once weekly to wash all toys from your infant area. Some physicians recommend washing toys before another child uses them. If you discover an ill child, wash all items that child has used before giving them to other children. Changing surfaces and

highchairs should be disinfected after each use. Cribs and playpens should be covered with washable materials which are changed before a different child uses them. Disinfect them at least weekly or more frequently when they are soiled.

Food Handling

As we learned in **How Diseases Spread**, contaminated food and water can be sources for illness. To prevent food from spreading illness, you can do some very simple things:

Wash your hands before you prepare and serve food.

Know and follow the appropriate way to store each food.

Be sure your refrigerator is keeping food cold enough.

Eliminate rodents and insects from your food storage and preparation areas. Store all foods in sealed containers.

Wash all fruits and vegetables before serving.

Wash all utensils and food preparation surfaces with soap and water after use and whenever you are preparing a different food. For example, you should wash your cutting board after you finish cutting chicken and before you chop vegetables.

If using untreated well water, have it checked for safety.

Cook meats and poultry to the correct internal temperature.

Refrigerate leftovers promptly.

Have children wash hands before food preparation and meals.

You can get additional food safety ideas from your local health department and the Child Care Food Program.

Simple, quick techniques can prevent food-borne illness in your home.

The Morning Quick Check

Why should you do a quick check? A quick check gives you a chance to really see each of the children in your care. It also is a good way to find out about home conditions or events that might affect the performance of the child that day.

A quick check is NOT a medical examination. It is NOT the way to enforce your policies with a parent. It is NOT just a way to find reason to exclude children. You are checking easily observable, simple signs of well-being:

EYES:	Are they alert and free from pus or redness?
SKIN:	Is it of normal color with no rashes or sores?
BEHAVIOR:	Is the child acting normally?

If you have a concern, this is the time to check with the parent. See the Communications section for ways to ask simple, clear straightforward questions. Here are two examples:

■ Jane is usually a very active and enthusiastic child. During your quick check you find that Jane is listless and has dark circles under her eyes. You might say to the parent, "Jane doesn't look like herself; she seems very tired." Parent: "Yes, last night grandpa came in on a late night flight. None of us got to bed until 11 o'clock." You now have good information about the possible cause and can observe Jane and deal with her behavior appropriately. A quick check helps you to find out what is probably happening with the child. Not all quick check observation signs lead to exclusion of the child from care.

■ Joe comes to your care with eyes that look bloodshot and a little sticky. You might say, "I see that Joe's eyes are pink and also have a little pus." Parent: "Oh, it is probably nothing." Provider: "I do not allow children with pink eye to remain in my home. Pus and redness are two common signs of illness. You will have to check with your doctor." Parent: "I don't have time to take him today. Just let him play by himself." Provider: "It is hard to take time off, but I need to protect the health of all the children. Joe can return as soon as the doctor has decided that he does not have anything that can spread to the other children."

Exclusion of a child may result from a quick check observation and your follow up, but your goal is to know your children better and to provide good care. Most providers do their quick check not in a formal exam routine, but as a casual observation of the child in their

initial contact. In a center or a home when lots of people are coming at the same time, it is hard to take a moment with each child, but this contact will help you better understand each child, reduce the spread of illness by excluding children with obvious signs of illness and foster better communications with parents.

EXCLUSION AND READMISSION POLICIES

Why Do I Need a Policy?

Since even the best-cared-for child will be ill at some time, you and the parent need an agreement about any limitations on care, when you will readmit a child who has been ill and your payment policy for absences due to illness. A clear policy reduces disagreements and lets you concentrate on providing quality child care. (SEE FORMS & WORKSHEETS #4, #5.)

When Should I Exclude a Child?

Each health professional has a slightly different list of symptoms and diseases for which exclusion is recommended, but there are some items which appear in most lists:

Infectious diarrhea

Vomiting

Conjunctivitis

Impetigo

Ringworm

Head lice

Scabies

Strep throat

Vaccine-preventable illnesses
(measles, mumps, whooping cough, TB, diphtheria)

Chickenpox

In addition to these items, you should consider:

1) Do I have the resources to care for the needs of this child and continue to provide quality services to my other children?

2) Does this child need the comfort and resources only his own home can offer?

3) Are the other children at risk because of this illness or condition?

Just as children are very individual, so is each child care setting. Your policies should reflect your child care philosophy, your realistic resources, the needs of the parents who use you, and licensing regulations.

Here are some examples of typical problems. Think about each in relation to your setting. Try also to remember any situations in which you had trouble deciding whether to take a child or when the parent disagreed with you about exclusion. This, plus the exclusion list from health professionals, should help you design the policies that work best in your setting.

What Would You Do If?

■ It is summer and swimming is an important part of your program. Susie, an active four year old, has broken her arm. She will be unable to take part in any water activities.

You care for infants only. Jimmy has a family history of food allergies and he has recently begun to eat solid food. He has diarrhea which the doctor says is allergy related.

■ Jane, a three year old, has a fever of 100 degrees. She is eating, and still active. She has a doctor's appointment later to look at her ears for possible infection.

■ Sam has pus in his eyes. He has been using drops from the doctor for 24 hours for conjunctivitis.

■ Ed, an eight year old, has been diagnosed as a strep carrier.

■ Mary, a two year old, has hepatitis. She seems well and the doctor placed no restrictions on her activities.

There are often no absolute answers about exclusion or admission. You need to weigh the needs of the child, all the others in your care and your resources.

For information on specific communicable diseases, you can call the Communicable Disease Office of the County Health Department (415-874-6951 in Alameda County, CA) or your health consultant.

MEDICATIONS, HEALTH INFORMATION, AUTHORIZATIONS

Medications

It is not unusual for a child to require medication while in child care. FORMS & WORKSHEETS #6 contains a sample authorization form when medication is required while the child is in your care.

Give only prescription medication, labeled with child's name, dosage and current date, with a written authorization from the parent. Consult the child's physician or your health consultant to help you define your policy on administration of over-the-counter medications. Always obtain a written authorization from the parent before you administer any medications. Keep a log of each dose of medication administered. (SEE FORMS & WORKSHEETS #7.)

Health Information

To provide safe and appropriate care, it is important that you have information on the health history of the child. You must use the standard form such as "Identification and Emergency Information" (FORMS & WORKSHEETS #8) , but you can gather additional information on a form of your own.

Authorizations

You will need written authorization from the parents or legal guardians of the child in order to get emergency medical treatment. You must have the State required form on file, but you can use a card or variation for the file which you carry in the car or on field trips.

You must always have the authorization form with you. Emergency medical treatment (except for life saving measures) will be delayed until the parent arrives if you do not have a valid consent for treatment form. (SEE FORMS & WORKSHEETS #9.)

COMMUNICATING WITH PARENTS

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COMMUNICATING WITH PARENTS ABOUT HEALTH ISSUES

Communication means both sending and receiving information. Since parents and providers are very interdependent, they must work to hear what is being said and meant.

Before you have completed the final revision of your policies, share them with your parents. Find a way to get input about your plans for exclusion. Ask for written comments and suggestions or set up phone interviews for feedback. Make an effort to understand the needs of your parents. Use their feedback in your final policy formulation.

When you have completed your policy statement, plan a time to talk to each parent. Try telephone conferences or set up a short visit when the parent is not rushing to work or eager to get home at the end of the day.

Review the symptoms and situations in which you will not provide care. Be sure the parent understands his/her obligations when a child becomes ill during the day. Answer any questions about readmission. Be sure you review your policy about payment for absences and illness exclusion days. This is a common source of conflict between parents and providers. Finally, give each parent the number of your child care Resource and Referral office so that the parent can get referrals for backup child care illness. If your new policy is very different from your earlier policy, or if you had no policy before,

be prepared for additional questions and a few problems when you have the first illnesses and exclusions. Head off problems by reminding parents of the changes and need for backup arrangements. These backup arrangements need to be reviewed regularly, since jobs change, backup sitters move or get other jobs, and the needs of children change. Here are some general parent/provider communication tips:

1. **Be sure you understand the situation and your feelings about it before you talk with the parent.**

2. **Understand what you want to happen at the end of the discussion. Are you just sharing information or must you or the parent take some action?**

3. **Whenever possible, find a time to talk when you and the parent are not rushed or distracted.**

4. **Make sure you are describing behavior, situations or problems and not making judgments, diagnoses or labeling the child or parent as bad.**

5. **Be sure you are listening to the parent's response both in words and body language.**

6. **Provide a chance for the parent to ask questions or get clarification. Check out if they really heard what you wanted them to hear.**

7. **Be sure to check that you understood the parent's responses.**

Here are some common scenes and suggestions for more effective communication:

PROVIDER: Susie was a little quiet today and didn't eat very well.

PARENT: Oh, she is usually so active. See you tomorrow.

If the provider only wanted to share two pieces of simple information, things are probably fine. If she wanted the parent to check for possible illness, or if she wanted some feedback about how Susie was at home, or for information tomorrow morning, there may be a problem. She could have said:

PROVIDER: Susie seemed quiet and didn't eat today. How was she at home last night?

PARENT: She seemed OK, but I'll let you know tomorrow how it goes tonight.

Here's another:

PROVIDER: Maybe you would like to take Johnny in to the doctor. He pulled at his ear all day.

PARENT: Lots of kids pull at their ear. It doesn't mean anything.

Instead:

PROVIDER: Johnny has been pulling at his ear since two o'clock. You remember the last time this happened, he got a fever and an ear infection.

PARENT: I'll check him tonight and call tomorrow if I am taking him to the doctor.

One more:

PROVIDER: Don't you think you should take Ann to the doctor for that rash?

PARENT: She has a well baby check next month. It will wait.

Instead:

PROVIDER: I have noticed red spots on Ann for two days. I cannot take care of her tomorrow without a note from the doctor that it is not contagious to other children.

PARENT: But I do not have time to take her in.

PROVIDER: Perhaps you could talk with the doctor to see if the situation can be evaluated by phone.

PARENT: May I use your phone? Maybe I can reach the doctor.

PROVIDER: Be sure that the doctor's office has my name and phone number so that I may be kept informed by telephone.

Of course these are very simple examples. In real life, parents and you do get angry, short-tempered, or can't think of the right thing to

say. If you approach health issues openly, in the best interest of all children in your care, most parents will understand and be glad that you are providing a safe and healthy environment. (For sample letters SEE FORMS & WORKSHEETS #10, #11, #12, #13, #14.)

An occasional parent will seek other care arrangements. Your local Resource and Referral agency can give you hints for dealing with parent communication problems. You can also check the list of courses offered through your community college, local child care association and social services agencies. Good communications head off problems and allow you and the parent to focus on providing quality care.

SAFETY AND ACCIDENT PREVENTION

EMERGENCY PREPAREDNESS

It is important to plan for common emergency events. This section will look at:

MEDICAL EMERGENCIES
FIRE
EARTHQUAKE
WEATHER EMERGENCIES
OTHER EMERGENCIES

The intent of this section is not to make you lose sleep or to stop caring for children because you are afraid of a disaster. It is to remind you that planning and practice can give you the skills you need to deal with any emergency. Few of us will be in a major fire, earthquake or a large chemical spill. Most of us will be in minor traffic accidents or need to deal with minor burns and sprains. Prevention activities help to put you and your children in charge of your own safety. Accidents happen to everyone, but through prevention activities, planning and practice of skills, you can reduce their incidence and limit injuries if they do occur. Planning and practicing needed skills will remind you that you can deal effectively with emergency situations. You will have the confidence you need to keep your children safe.

MEDICAL EMERGENCIES

Injury Prevention

Prevention is the best treatment. The most common medical emergencies involving children are drownings, poisonings, and falls.

1. To reduce these emergencies, childproof your home and check on it regularly.
2. Supervise children around pools and spas. These should be covered and locked when not in use.
3. Keep young children away from stairs, porches, or climbing equipment which they are not yet ready to deal with.
4. Anticipate development in children. Children change quickly. A new skill leads to new hazards. Keep one step ahead of your children. Modify the environment before there is an accident.

(SEE FORMS & WORKSHEETS #15.)

Planning and Practice

Review your basic first aid supplies. (SEE FORMS & WORKSHEETS #16.) Make a kit for the car and field trips. Keep the kit in a handy place and take it along whenever you go out. Involve your children. Let them make believe about what will happen if they are hurt. Talk about how the body works and how you will help them to get better. Schedule a regular time to review your supplies and update your skills. Select a basic first aid book for your home. Check the BIBLIOGRAPHY for suggestions.

First Aid

Everyone should have a basic understanding of first aid skills. A quick, inexpensive way to get and refresh these skills is by taking a first aid course. Courses are taught by the American Red Cross, Community Colleges, HMO's and some doctors' offices. A good course will cover the basics of respiratory emergencies, bleeding, sprains and breaks, burns, eye and nose injuries and transporting the injured. If you have a pool or work with children with special medical needs, you should also take a CPR course, specifically designed for infants and young children.

FIRE

Injury Prevention

The best way to deal with a fire emergency is to prevent it. You should regularly review your home for fire safety. Many fire departments and insurance companies publish fire safety checklists to help you. (SEE FORMS & WORKSHEETS #17.) Your local fire department may give talks or make home inspections to help in your prevention efforts. After your initial home checkup, set a regular time for a quick home recheck. It is essential that fire safety be an ongoing concern. Be sure that any safety equipment such as extinguishers and smoke alarms are working and that you know how to use them and where they are located.

Planning and Practice

Even in the safest home, accidents can happen. You can reduce the risk of injury by developing and practicing an evacuation plan. Young children can and SHOULD be involved in the practice sessions.

Planning a fire drill is neither a lengthy nor difficult process. Look at your floor plan and determine at least two exits from each room or area. Make a simple map showing the floor plan with the exits. A copy of the floor plan you submitted to Community Care Licensing is an easy starting place. Finally, practice getting out of each area with your children.

During your practice sessions, be calm and share with the children basic safety hints. (SEE FORMS & WORKSHEETS #18 for a fire drill plan.) You are not trying to make children afraid. You are giving them skills which can help save them if you are unable to reach them in a fire. Let parents know about your practice sessions and encourage them to conduct a fire drill at home.

First Aid

Information on dealing with burns and shock should be included in the first aid course you take. Prevention is the ideal way to deal with these emergencies. Check the BIBLIOGRAPHY section for book resources. You should have at least one basic first aid reference in your home library.

EARTHQUAKE

Injury Prevention

Although you cannot prevent an earthquake, you can reduce the risk of injury through a careful check of the home. Check your home for unsecured shelves, heavy objects on high shelves, glass items stored on open racks, and other objects that could fall and cause injury. Follow utility company advice on how to tie down gas appliances and shut off utilities. Be especially alert in children's sleeping areas and around exits. Check your local emergency preparedness office for hints on earthquake safety and common problems.

Planning and Practice

Even though earthquakes are very short, it is important to talk about and practice what to do during an earthquake. Safe behavior always helps reduce the risk of injury. Determine the safest locations in each area of your home and practice getting to them. As with fire drills, the intent is to give children skills they may need in case you cannot reach them. Children will be safer if they understand how they can help keep themselves safe. Hold drills regularly if you have very young children. Plan to have basic food and medical supplies for all your children for at least a few days since parents may be unable to reach your home in the event of a major earthquake.

First Aid

A major earthquake may reduce your access to emergency medical assistance. You should be comfortable with the basic first aid skills you learned and have access to supplies for splinting, bandaging and dealing with shock. The intensity of your preparedness will vary

depending on your location and likelihood of isolation in the event of an earthquake. For example, if you live within easy walking distance of a local hospital, you may need less extensive preparation than if you depend on a large freeway overpass to get to distant emergency services. You should have a basic first aid manual in your home library.

WEATHER EMERGENCIES

The types of weather emergencies vary dramatically even within California. You should have a plan for dealing with the emergencies specific to your area: flooding, heavy snowfall, tornado, hurricane, etc. As with the other topics discussed, you should consider INJURY PREVENTION, PLANNING AND PRACTICE, and FIRST AID.

OTHER EMERGENCIES

It is impossible to predict all emergency events. Although few of us will ever face evacuation because of a chemical spill or gas leak, it is important to think about these unpredictable emergency situations. We can use the same three topics as with more predictable emergencies: INJURY PREVENTION, PLANNING AND PRACTICE, and FIRST AID.

Injury Prevention

The key in all unpredictable situations is calmness. Be prepared to follow quickly and accurately, the directions of emergency personnel.

Prepare children by taking field trips, meeting emergency workers and seeing their often scary-looking equipment and gear.

Planning and Practice

In an emergency like a chemical spill, you may be relocated outside your area without time to contact parents. Always take your emergency cards with you so that you will have telephone numbers to contact parents and emergency medical release forms for each child if needed. Remind parents, at least yearly, of plans in event of relocation or major emergency. Practice with children getting quickly into the car or walking to a nearby disaster relief center.

First Aid

Always keep the skills learned in your first aid course fresh. In major emergency, you may be responsible for children with minor injuries while medical personnel deal with more serious cases. Have a first aid kit which is easy to find and carry in an emergency. Have a basic first aid manual available.

FORMS AND WORKSHEETS

State of California - Department of Health Services-Immunization Unit

IMMUNIZATIONS REQUIRED FOR CHILD CARE CENTER ENTRY
Effective September 1986

Post this guide on a wall or desk top as a handy, quick reference for assessing the immunization status of children before they are allowed to attend your center. If you need more information, please consult the Immunization Coordinator at your local health department.

Important! Parents must present a record of their child's immunizations before he or she can attend your center. It must include the date (at least the month and year) each immunization was received. The immunization history of each child must then be transcribed onto the blue California School Immunization Record (PM 286, available from your county health department) and kept in your files.

Use this table to evaluate each child's immunization status:

Age at Evaluation	Total Vaccine Doses Required By This Age	
Younger than two months.....	None	
2-3 months.....	Polio (OPV)	1 dose
	DTP/DT	1 dose
4-5 months.....	Polio (OPV)	2 doses
	DTP/DT	2 doses
6-14 months.....	Polio (OPV)	2 doses
	DTP/DT	3 doses
15-17 months.....	Polio (OPV)	2 doses
	DTP/DT	3 doses
	Measles, Mumps, Rubella (MMR)	1 dose given on or after first birthday*
18 months through 4 years**.....	Polio (OPV)	3 doses
	DTP/DT	4 doses
	Measles, Mumps, Rubella (MMR)	1 dose given on or after first birthday*

*MMR is recommended at age 15 months.

**Not legally required but recommended for some children: Haemophilus influenzae type b (Hib) vaccine.

It is the responsibility of the child care center to followup on children under age 18 months to ensure they receive all required immunizations according to the above schedule. Children age 18 months and over who have not met all requirements may be admitted conditionally provided that they have received all currently due immunizations; **the center must follow up** to make sure the remaining required immunizations are received on time:

Vaccine	Time Intervals
OPV	2nd dose: 6-10 weeks after first dose
	3rd dose : 6-12 months after second dose
DTP/DT	2nd dose: 4-8 weeks after first dose
	3rd dose: 4-8 weeks after second dose
	4th dose: 6-12 months after third dose
MMR	No time interval. Only one dose needed.
	Children age 15 months and older should obtain immediately.

THE STOP DISEASE METHOD OF HAND WASHING

- Use SOAP and RUNNING WATER
- RUB your hands vigorously
- WASH ALL SURFACES, including:
  - backs of hands
  - wrists
  - between fingers
  - under fingernails
- RINSE well
- DRY hands with a paper towel
- Turn off the water using a PAPER TOWEL instead of bare hands

STOP DISEASE

DIAPERING

1. Wash hands before dealing with a new child; this prevents spread of germs from one child to another.
2. Gather all supplies and place child on a disposable paper. Be sure to keep one hand on the body at all times.
3. Remove and set aside soiled diaper. Clean child with damp paper towel or disposable towelette.
4. Remove disposable paper and put aside.
5. Diaper and dress child.
6. Wash hands and return him to crib or group.
7. Dispose of diapers, paper, wipes in a plastic-lined covered container.
8. Clean and disinfect changing area.
9. Wash your own hands.

SAMPLE HEALTH POLICY: ABC DAY CARE

ABC Day Care is committed to providing care which assists the child in developing his/her fullest potential. In order to do this, physical health must be maintained. We have established policies to protect the health of all children and our staff and their families. We have assessed the symptoms and illnesses common to children, and with the assistance of our medical advisor, S. Brown, PNP, have developed a policy which balances the needs of the working parent, the health of all those we serve and the well-being of the individual child.

We are unable to accept children who:

a) have a fever above 101°F
b) have undiagnosed diarrhea
c) have untreated lice or scabies
d) have undiagnosed skin sores
e) have chicken pox
f) have untreated strep throat

To readmit a child with any of the above, we require a note from the attending health care provider, telephone consultation with the health care provider or evidence of any treatment required.

Each day, at entry and during the course of the day, we assess all children for health. We observe eyes, skin color and any skin lesions. A child who seems ill is observed for fever and additional symptoms. When symptoms are observed, parents are contacted to allow them to make arrangements for health care or alternative child care.

When we do observe a child with symptoms for which we cannot provide the appropriate care, we expect that you pick up the child within two hours. We know that it is hard to leave work. We encourage you to make alternative arrangements for care for those days when group care is not appropriate for your child.

To assist us in providing the best care, we have consulted with S. Brown, PNP, on our policies and maintain close ties with her for consultation on individual situations. This consultation helps us continue to apply sound health practices to the care of all the children in our care.

All children must have a completed health assessment upon enrollment. This must include an immunization chart with immunizations completed as required by the California State Department of Health. We require a yearly update to this form. If this update is not received, we will give notice to you that your child cannot remain in care.

During your busy working life, some of our restrictions may seem hard to deal with, but our concern is the well-being of all our children. We could not fulfill the trust you have placed in us if we did not continually assess the health and development of all children. The recommendations made to parents will provide for the continued health and growth of that child and also protect the health of others.

Please review this policy and let us know your questions, concerns or problems. We will try to help you find resources for sick care.

Our policies were developed through input from parents, our consultant and staff. We review them regularly in light of recent medical information to continue to provide sound, quality care.

Received by _____

Staff _____

Date _____

This is a sample health policy. It is not a recommendation of what is appropriate for your setting. Use the Health Policy Worksheet to develop your own policy.

HEALTH POLICY WORKSHEET

1. Describe your philosophy about children and health issues.

2. List any individual professionals or health and professional groups with whom you have consulted about your policies.

3. Describe how past or current parents influenced your policies.

4. List any symptoms/conditions you plan to exclude.

5. Describe conditions for readmission for above conditions.

6. Describe your morning quick check.

7. Describe what you will do if a child develops symptoms during the day.

8. List any required health information and how often it must be updated.

AUTHORIZATION TO ADMINISTER MEDICATIONS

DATE _____

I authorize the administration of _____ to

_____ by _____
(Child's Name) (Name of Child Care Provider)

This authorization is effective from _____ until _____
(date) (date)

Times and amount _____

Parent _____
(Signature)

Address _____ City _____ Zip _____

Home Phone _____ Business Phone _____

PHYSICIAN'S ORDER: **(To be completed if the medication is not labeled with the child's name, name of the drug, physician name and directions.)**

NAME OF CHILD _____ DATE _____

ADDRESS _____ BIRTHDATE _____

CONDITION FOR WHICH DRUG IS BEING GIVEN _____

NAME OF DRUG _____ DOSAGE _____

TIME TO BE GIVEN _____

RELEVANT SIDE EFFECTS TO BE OBSERVED _____

OTHER SUGGESTIONS _____

LENGTH OF TIME DURING WHICH MEDICATION SHALL BE GIVEN:
FROM _____ TO _____

DOCTOR'S SIGNATURE _____

ADDRESS _____

When to Use: You need a completed and signed authorization for EACH and EVERY child for EACH and EVERY medication. File in the individual folder, your medication log, or your health folder. Each medication should be in its original container, labeled with the child's name, frequency and dosage.

MEDICATION LOG

DATE	CHILD'S NAME	TIME	MEDICATION	DOSAGE AMOUNT/#

When To Use: **Use whenever you administer any medication. You can have a general log or one for each child. Be sure to check with parent on correct time for medication.**

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

IDENTIFICATION AND EMERGENCY INFORMATION
DAY CARE CENTERS

To Be Completed by Parent or Guardian

CHILD'S NAME LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS NUMBER	STREET	CITY	STATE ZIP	BIRTHDATE
FATHER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
MOTHER'S NAME LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT OR GUARDIAN	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

DATE OF ADMISSION	DATE LEFT

LIC 700 (8/86) (CONFIDENTIAL) 86 41957

Form # 9 - Don't Sneeze at Disease

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO

_____ TO PROVIDE ALL EMERGENCY DENTAL OR
FACILITY NAME

MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OR DENTIST (D.D.S.) FOR

_____ . THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.

_____ _____
DATE PARENT/AGENCY REPRESENTATIVE/GUARDIAN SIGNATURE

HOME ADDRESS

HOME PHONE	WORK PHONE
( )	( )

LIC 627 (6/82) (CONFIDENTIAL) 85 37152

WORKSHEET FOR EXPOSURE LETTER

Fill in the blanks in each section. You will then have all the information you need to notify parents of the exposure of their child to a particular illness. Some people develop a form with check-boxes which cover the most common situations, others do a new letter for each illness.

1. What is the cause of the infection? Specify the medical name, if available, and common name of the illness _____.

2. The incubation period of this disease is from _____ to _____ days.

3. This infection is spread by respiratory droplets, oral/fecal contamination, contaminated food, or water, animals/insects? _____

4. If _____ (list any symptoms which should be reported to the physician) occurs, you should notify your child's doctor.

5. If you have questions, please call _____ from _____ to _____ for more information. (List staff person and times when they are available.)

6. Describe any treatment that has been advised by medical advisor/health department.

   _____

7. Describe how/when this treatment will be performed. _____

   _____

8. Describe any recommended treatment for parents, other children and close contacts.

   _____

   _____

9. Should parents contact you if child becomes ill during the incubation period?
   _____ Yes _____ No

SAMPLE EXPOSURE LETTER

Date_____

Dear Parents:

On _____ your child was exposed to:

( ) Head lice - check all family members and close contacts for two weeks for tiny, white egg shaped objects. Consult your health care professional for treatment.

( ) Conjunctivitis (pink eye) - check child for 24 - 72 hours for symptoms which include irritated, tearing eyes, swollen lids, yellow discharge.

( ) Chickenpox - check your child for symptoms for 2 - 3 weeks after exposure. Typical course of illness is fever and irritability for 24 hours, then blisters, which get crusts on them. Child will be excluded until all scabs are dry.

( ) Additional items which are common to your setting.

( )

( )

( )

( )

You can post a copy at your check-in location or send a copy to each parent.

SAMPLE INJURY REPORT

1. Name of Center or Day Care Home _____

2. Name of Child Injured _____
   Last First

3. Age of Child (Birthdate) _____

4. Name of Parent or Guardian _____

5. Date of Injury _____

6. Description of Injury:
   a. How was child injured? (What was child doing when he was hurt?)
   _____
   _____
   b. Were there other children or adults involved? _____
   How? _____
   _____
   _____
   c. Was the child's Parent or Guardian called? _____
   d. Name and time of contact with physician (if any). _____
   _____
   e. Nature and location of injury (describe fully what area of body was hurt). _____
   _____
   _____
   _____
   f. What first aid measures were applied? _____
   _____
   _____
   g. Who administered first aid? _____

_____ _____
Date Provider

_____
Parent/Guardian

This form to be filled out in triplicate. File a copy in the child's folder or in your health folder. Provide the parent with a copy.

PHYSICIAN'S REPORT

Your Facility Name_____

Address & phone_____ _____
(Telephone)

DEAR_____:

_____ is in child care. We have observed _____

_____and would like your diagnosis of the condition so that we can best protect the health of all the children in care.

Results of examination:

_____ No illness found

_____ Non-communicable disease (Specify) _____

Describe any treatment required at the child care setting. _____

_____

_____

_____ Communicable disease (specify)_____

Describe any treatment required before this child can be readmitted. _____

_____

_____

_____ Describe any actions required for this child's contacts. _____

_____

_____

List medications prescribed:

Name_____

Dosage_____From_____Until _____

Date child can return to care_____

Physician's Signature _____

I, _____, give permission for Dr. _____
(parent's name)

to release information about _____ to _____.
(Child's Name) (Facility Name)

_____
(Parent's Signature)

When to Use: This form allows you to share information with the child's physician. It can help reduce misunderstandings when information is related verbally.

AUTHORIZATION FOR FIELD TRIPS

Specific: (for a trip on a specific date to a particular place)

I give _____ permission to take my child, _____,
on a field trip to _____ on _____.
Signature of Parent _____
Address _____ Phone _____ Date _____

Blanket: (For any trips)

I give _____permission to take my child, _____,
for short field trips. I understand that specific field trips will be authorized by me in advance.
Signature of Parent _____
Address _____ Phone _____ Date _____

Transportation:

I give _____ permission to take my child, _____,
on routine trips to/from school, shopping and normal child care activities.
Signature of Parent _____
Address _____ Phone _____ Date _____

CHILDPROOF CHECKLIST - INSTRUCTIONS

1. Read through the checklist. You will notice that many of the items to check for are safety precautions that you already take. Great! You have the kind of awareness you need to do this activity.
2. Take the checklist from room to room. In each room, you may have already completed an item. Check it off and date it. If an item doesn't apply, put N/A.
3. Correct any items which have not already been completed. Check those off and date them.
4. Once you have completed all the items in a room, they are childproof for that moment. Make sure you check each room at least daily for safety hazards.
5. Let your parents know about your childproofing efforts. Encourage them to do the same.

Children are curious and can often outsmart our best "childproofing" efforts. Therefore, there are no sure substitutes for knowing where each child is, and what s/he is doing. Being able to see children at all times, if at all possible, is the best "childproofing" effort.

KITCHEN		Done	Date
1.	Breakable, sharp equipment is stored on high shelves.	( )	_____
2.	Pots and pans are stored with the heaviest on the bottom.	( )	_____
3.	Cleaning fluids are kept in original containers, tightly closed and in locked, high cabinets.	( )	_____
4.	Safety locks are on the inside of utensil drawers and cabinets.	( )	_____
5.	Garbage can is topple-proof and has safety catch.	( )	_____
6.	No throw rugs, loose tiles, or curled linoleum.	( )	_____
7.	Pots and pans on stove always are on back burners, if possible, with handles facing to the rear.	( )	_____
8.	High chair has a wide base, to prevent tipping. A seat belt and crotch strap are secured.	( )	_____
9.	Electrical outlets, cords, windows - See GENERAL HOUSEHOLD section.	( )	_____
10.	Additional items_____	( )	_____

LIVING AREA			
1.	Cigarettes, tobacco and lighters are out of children's sight and reach.	( )	_____
2.	Safety gates are secured at top and bottom of stairs.	( )	_____
3.	All plants are out of child's reach. (Take Care With Plants is an excellent resource. It is available free from the Regional Poison Control Center, U.C. Davis, 2315 Stockton Blvd., Sacramento, CA 95817. Include a self addressed, stamped envelope with your request.)	( )	_____
4.	All furniture is sturdy and stable.	( )	_____
5.	Floor heaters are covered with appropriate protectors.	( )	_____
6.	Fireplace equipment and wood are stable and out of child's reach.	( )	_____
7.	Plastic corner guards cover furniture edges to soften sharp corners. Coffee tables are especially hazardous.	( )	_____
8.	Rugs are tacked down, using non-skid backings or anti-skid mats.	( )	_____

9. Remove all plastic seat covers which could crack or break in child's mouth. ( ) _____
10. Electrical outlets and windows - See GENERAL HOUSEHOLD section. ( ) _____
11. Additional items _____ ( ) _____

BATHROOM

1. All bathroom supplies and medicines which are not being used have been flushed down the toilet or washed down the drain. ( ) _____
2. Remaining bathroom supplies and medicines are stored in high cabinets, locked and out of child's reach. ( ) _____
3. Medicines and cleaning supplies are always kept in their original labeled containers. ( ) _____
4. If door can lock from inside, bolt is either taped open, removed entirely, or a key is placed outside the door at an adult height. ( ) _____
5. Electrical appliances are unplugged after use and put away out of sight, if possible. ( ) _____
6. Toilet seat is down. ( ) _____
7. Additional items _____ ( ) _____

BEDROOM

1. Cribs
   a. Slats have smooth edges, no more than 2-3/8" apart. ( ) _____
   b. Mechanism for lowering side should have two releases. ( ) _____
   c. Mattress must be close fitting. ( ) _____
   d. Bumper pads made of padded fabric, tied in at least 6 places, with ties trimmed to minimum length. ( ) _____
   e. Top of lowered side at least 9" above mattress support. ( ) _____
   f. All surfaces are splinter-free. ( ) _____
   g. Crib(s) is at least 2 feet from lamps or anything else with a dangling cord, from windows, fans, and heaters. ( ) _____
   h. All decorative corner posts or knobs have been removed. ( ) _____
2. Changing Tables
   a. Convenient to stored changing supplies, so you can keep one hand on baby. ( ) _____
   b. Stable. Cannot be toppled over. ( ) _____
3. Dirty Diaper Can has tightly secured lid. ( ) _____
4. Toy Storage
   a. Open toy shelves are best whenever possible. ( ) _____
   b. Heavy toys are on bottom shelves. Messy activities are on top. Frequently used activities are within child's reach. ( ) _____
   c. Toy chest lids are cushioned with foam, foam tape, or cork to protect hands. Remove all locks. ( ) _____
5. Additional items _____ ( ) _____

OUTDOORS

1. Yards are fenced in with at least 4 foot fences. ( ) _____
2. Lawn and play areas are free from broken glass and sharp objects. ( ) _____
3. All play equipment is free from loose nuts and bolts or clamps and in generally good repair. There are no rusty areas, and ropes and chains are secure. ( ) _____

4.	The yard is free from insect nests and animal deposits.	( )	_____
5.	Landings and balconies are protected by railings at appropriate heights no more than 2-3/8" apart with no sharp edges, no rust, and no toxic paint.	( )	_____
6.	All pools, wells, hot tubs, and fish ponds are covered or fenced and protected with childproof locks. Keys are out of child's reach.	( )	_____
7.	Electrical outlets - See GENERAL HOUSEHOLD section.	( )	_____
8.	Repair and utility personnel know to keep gates and doors closed and locked at all times.	( )	_____
9.	Additional items_____	( )	_____

GENERAL HOUSEHOLD

1.	Electrical outlets: Plug protectors are in all empty sockets, and active outlets are covered with plastic outlet covers.	( )	_____
2.	Cords: No frayed cords; excess cord is tacked down or wound up.	( )	_____
3.	Windows		
	a. Open from top, if possible.		_____
	b. No dangling string or cords.	( )	_____
	c. Decals at children's eye level.	( )	_____
	d. Screens have locks.		
	e. If possible, no furniture in front of the window (baby can, or soon will learn to climb.)	( )	_____
	f. Venetian blinds and pull cords are rolled up beyond child's reach.	( )	_____
4.	Door: No doors slam shut or lock automatically. Guard against swinging doors, anchor open or closed with a high hook.	( )	_____
5.	Water heaters: Tied down; temperature is 120°F or less.	( )	_____
6.	Smoke alarms are in working order.	( )	_____
7.	Gas: Know where the gas main is and how to turn it off. It is helpful to keep a wrench nearby.	( )	_____
8.	Additional items_____	( )	_____

This checklist was developed by International Child Resource Institute through a grant from the David & Lucille Packard Foundation.

SUPPLIES FOR FIRST AID KIT

_____ ADHESIVE STRIP BANDAGES (assorted sizes)
_____ ABSORBENT COTTON
_____ ADHESIVE TAPE
_____ COTTON TIPPED SWABS
_____ STERILE GAUZE BANDAGES/PADS
_____ CALAMINE LOTION
_____ ACETAMINOPHEN, (Use as directed by physician with written authorization from parent)
_____ HYDROGEN PEROXIDE
_____ PETROLEUM JELLY
_____ SAFETY PINS
_____ SCISSORS
_____ THERMOMETER
_____ TONGUE DEPRESSORS
_____ TWEEZERS
_____ SYRUP OF IPECAC (to induce vomiting)
_____ QUICK COOL PACKS
_____ ACE TYPE BANDAGE
_____ LIQUID SOAP

EMERGENCY PHONE NUMBERS

		YOUR AREA #
• POLICE/FIRE/AMBULANCE: 911		_____
• FIRE EMERGENCIES:	Livermore _____ 447-5555	_____
	Pleasanton _____ 847-8111	_____
	Dublin _____ 881-8181	_____
• POISON CONTROL:	547-2928	_____
	476-6600	_____
	(916) 453-3692	_____

You will need more extensive supplies for camping or field trips which take you far from emergency services. Remember that the BEST first aid is often the LEAST first aid. Your job is to maintain the child's health until you can get trained professional assistance. CPR and First Aid skills need practice. Take refresher courses.

REDUCING FIRE HAZARDS

SMOKING:

Careless handling of cigarettes is the most common cause of death and injuries in residential fires. To reduce the risk of fires if there are smokers in your home:

1. Deposit cigarettes and cigars in large ashtrays, not in wastebaskets.
2. Double-check the house before going to bed to be sure there are no smoldering cigarettes in chairs or sofas.
3. Keep matches and lighters in a place where they're not accessible to children.
4. Do not smoke in bed.

KITCHEN:

The kitchen is the most common origin of house fires.

1. Do not leave anything unattended while cooking.
2. Keep curtains, towels, washrags and other flammables away from the cooking area.
3. Mount a fire extinguisher in the kitchen. Know how and when to use it.

STORAGE:

1. Store combustible and flammable materials in safety containers away from children and sources of heat.
2. Keep storage areas such as attics, basements and garages free of clutter.
3. Do not pile clothing or paper near light fixtures.

OTHER PREVENTIVE METHODS:

1. You should have functional smoke detectors on each floor of your home.
2. Additional fire safety information is listed on the Childproof Checklist.
3. Be sure to check the general home safety checklist for additional ideas for preventing injury.

FIRE DRILL - - - PRACTICE IT ... Then You Will Know What To Do!!!

1. Know which children are present each day.

2. When a fire is seen or the alarm is heard ....

   a) call out loudly **FIRE, FIRE, FIRE** or blow a whistle three times.
   b) calmly gather the children and go to the nearest safe exit door, front, patio, or garage. **DO THIS QUICKLY AND CALMLY!!!**
   c) assemble at the designated assembly point.
   d) keep the children together and calm at the assembly point.
   e) **DO NOT LEAVE THE CHILDREN OR ALLOW THEM TO LEAVE.**
   f) count the children.
   g) stay with the children.

3. First Priority --- **GET ALL THE CHILDREN AND GET OUT.**

4. Second Priority --- **ACCOUNT FOR ALL THE CHILDREN AT THE ASSEMBLY POINT. DO NOT go looking for children or go back into the house. When emergency help arrives, tell them immediately if anyone is missing.**

5. To report a fire...

   DIAL 911 AND SAY:
   There is a fire at _____.
   Wait on the phone for instructions and answer any questions.

   Nearest cross street: _____

   DO NOT HANG UP UNTIL TOLD TO OR EMERGENCY HELP HAS ARRIVED.

6. **DO NOT PANIC --- REMAIN CALM AND KEEP CHILDREN CALM AND WITH YOU.**

NEAREST HOUSE WHERE A PHONE IS AVAILABLE.

_____ _____

_____ _____

_____ _____

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Resources For Family Development is ...

- A coordinating agency for resources to families.
- An advocate for quality care for children.
- A publicly funded community based service.

RFD Services Include ...

Resource and Referral

- Referrals to child care services and community resources.
- Resource center for parents.
- Training for providers of care.
- Parenting education.

Child Care Subsidies

- Parental Choice is the focus of the RFD child care subsidy program. Funds on a sliding scale are available to eligible families based on income and family need for services.

Telephone Advice Tapes

- Call 443-2727 to listen to a 3 minute tape.
- Information on parenting, including discipline, family change, adolescence.

Community Development Project

- Support for employers seeking assistance with child care problems for their employees.
- Support for cities and other governmental bodies developing child care options for their communities.

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